Assessment and Program Evaluation Committee for Curriculum Renewal

November 25, 2013

2:00-3:00

D310

MINUTES

In Attendance:

Sara Kim, Surgery, Co-Chair

Jan Carline, Medical Education & Evaluation, Co-Chair

Heidi Combs (by phone), Psychiatry

Annemarie Relyea-Chew, Radiology

Lynne Robins, Medical Education & Evaluation

Doug Schaad, Medical Education & Evaluation

Michael Campion, Academic Affairs

Phil Mixter (by phone), Immunology, WSU

Julianne McNalley, Academic Affairs

Pam Nagasawa (Guest), Medical Education & Evaluation, School of Dentistry

Marj Wenrich (Guest), Dean's Office

Appended at the End of the Minutes:

- Fabric of the University of Washington School of Medicine Curriculum
- Curriculum Phases Chart
- Outline for Assessment and Program Evaluation Document

AGENDA:

1. Introduction
2. Statement of our task
3. Rapid review of prior work
4. Outline of the curriculum as currently proposed
5. Discussion of Entrustable Professional Activities
6. Review and acceptance of the document outline and work plan

INTRODUCTION All who served on the Assessment Committee in the last curriculum renewal phase were invited to participate in this reconstituted committee. The committee will meet as a whole rather than dividing into multiple working groups, as occurred in the last phase.

STATEMENT OF TASK

The task of this committee is to produce a 10-page document outlining the structure for assessment and program evaluation of the new curriculum. This document will go to the Curriculum Renewal Steering Committee, and all recommendations resulting from the current phase will be made to Ellen Cosgrove and Paul Ramsey and through them to the Medical School Executive Committee in March for that committee's recommendation to Dr. Ramsey for approval. The new curriculum is slated to begin in fall 2015.

RAPID REVIEW OF PRIOR WORK

The committee briefly reviewed previous activities, with the following highlights:

- There are no changes to the "Fabric of the University of Washington School of Medicine Curriculum" document, which outlines the three phases of the curriculum (Medical Science/Foundations, Patient Care, Exploration and Career Focus) and intertwining themes.
- While the previous Assessment Committee activities elaborated on what could be done given appropriate resources and a focus on competencies (62-page report), the current committee will focus on a high-level discussion of general strategies and systems needed for student assessment.

OUTLINE OF CURRICULUM AS CURRENTLY PROPOSED

The mock-up curriculum was briefly discussed, with the following highlights:

- The block schedule example shows Foundations Phase beginning in summer, completed by January of the students' second year and followed by the Clinical Phase of required clerkships and Phase Three career exploration and focus.
- The Foundations curriculum will be structured in blocks, with integrated content. The number of blocks has not been determined. Blocks will be separated by intercessions to allow for remediation, rest, and/or alternative learning experiences. A summer intercession of undetermined length could potentially include vacation time, a RUOP experience, and/or scholarly work.
- The Foundations Phase will have an initial intensive immersion experience as well as a longitudinal clinical continuity experience, likely involving ½ day a week. By the end of the phase, this may have been the equivalent of a full clerkship experience. A potential focus of this work may be on continuity and issues of chronic care.
- The Clinical Phase will involve a mix of longitudinal clerkships and clerkship blocks, with up to half of students completing each..

- In the Career Exploration Phase, students may have options like sub-internships, focused scholarship and other experiences that will help them to be competitive for residency. The basic sciences may also be revisited during this phase. .
- The Capstone at the end may be extended with pathways for specific career paths, e.g., surgery, medicine, pediatrics, behavioral medicine
- We hope to move graduation earlier than in the past, in order to correspond with residencies that begin earlier.

ENTRUSTABLE PROFESSIONAL ACTIVITIES (EPAs)

It is possible that we will use the approach of using Entrustable Professional Activities (EPAs) in the new curriculum. Different from professional competencies EPAs are described units of work to be entrusted once a competency has been achieved. A working group from the AAMC has issued a proposal with 13 EPAs as potential expectations for all graduating medical students as they begin residency, regardless of specialty. EPAs include components of competencies but represent more immediately understandable units of actual performance

Use of EPAs could require an assessment approach not envisioned in the previous report, including observation of actual students' patient and professional interactions. Further, assessment would include a large number of low-stakes formative evaluations ending in the higher stakes assessment of entrustment. Strategies may include a series of specific competency assessments using regional assessment centers and the development of a core set of faculty with strong skills to assess entrustable performance. Many challenges to this approach exist, particularly in our decentralized environment. If the UWSOM adopts an EPA system, it will be important to familiarize students ahead of time. Adopting the system would also impact the composition of the OSCEs.

REVIEW AND ACCEPTANCE OF DOCUMENT OUTLINE AND WORK PLAN

Members reviewed the presented outline (see Appendix) as a framework for producing the ten-page document:

1. Values/goals of assessment
2. Consideration of impact of EPAs Assessment and program evaluation strategies
3. Empower students, faculty, administration with evaluation data. Need major IT assessment, a dashboard tracking tool (Georgia, NW Med School, NYU, TX institutions have implemented dashboards)
4. Policy/procedures needed for assessment/evaluation – who insures quality of test items, test consistency, number of items, length, test ready before course begins
5. Resources needed - original report looked at this, we might identify more
6. Summary

Discussion highlights:

- The 10-page document needs to use a high-level perspective on what is needed throughout the year.
- A glossary of terms, such as EPAs, milestones, etc., will be be part of the report
- The four recommendations provided in the last report should be included in first part of the upcoming report, i.e., recommendations and rationale.
- It may be useful to include one EPA as an example in the report, showing how it would be parceled out through the competencies, how it would be distributed through the curriculum and assessed
- The Foundation Phase assessments will look different than Clinical Phase assessments, and the possible use of EPAs would be within the context of patient care
- The concept of spiral curriculum towards ultimate mastery would still be retained
- Faculty development related to EPAs (e.g., identifying vignettes, case-based, online examples, etc.) would be a challenge
- Part of the assumptions around EPAs is that assessment is to be more concrete. Multiple-choice questions are still useful but used differently.

Work plan for next meeting:

1. Sara and Jan will produce an updated outline (members are encouraged to share their ideas via email, and to provide 2 or 3 of their own EPA examples)
2. At the next meeting (December 9), members will flesh out the components of the up-dated outline

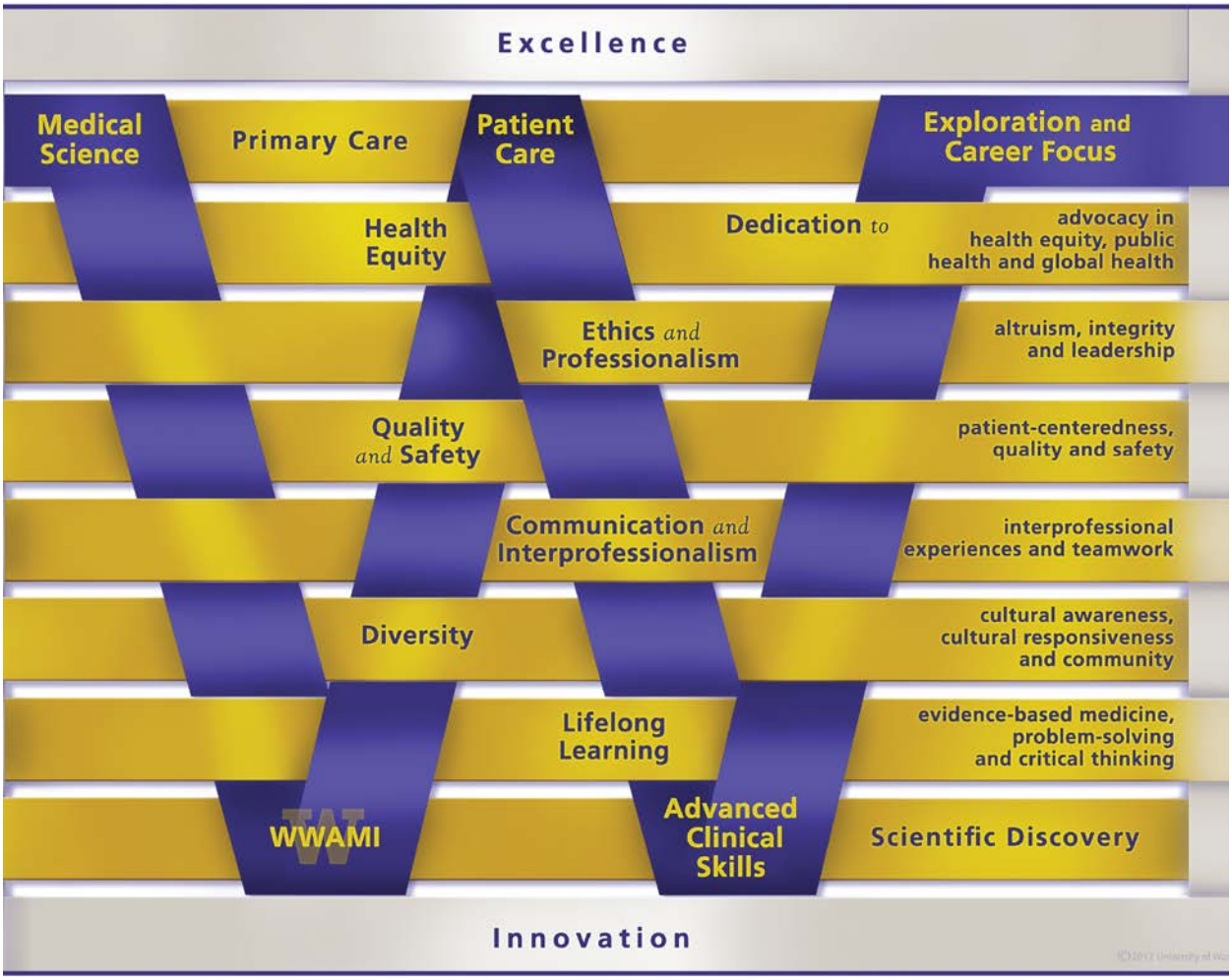
A different committee in the next phase will add the details and specifics; some permutation of this committee is likely to continue

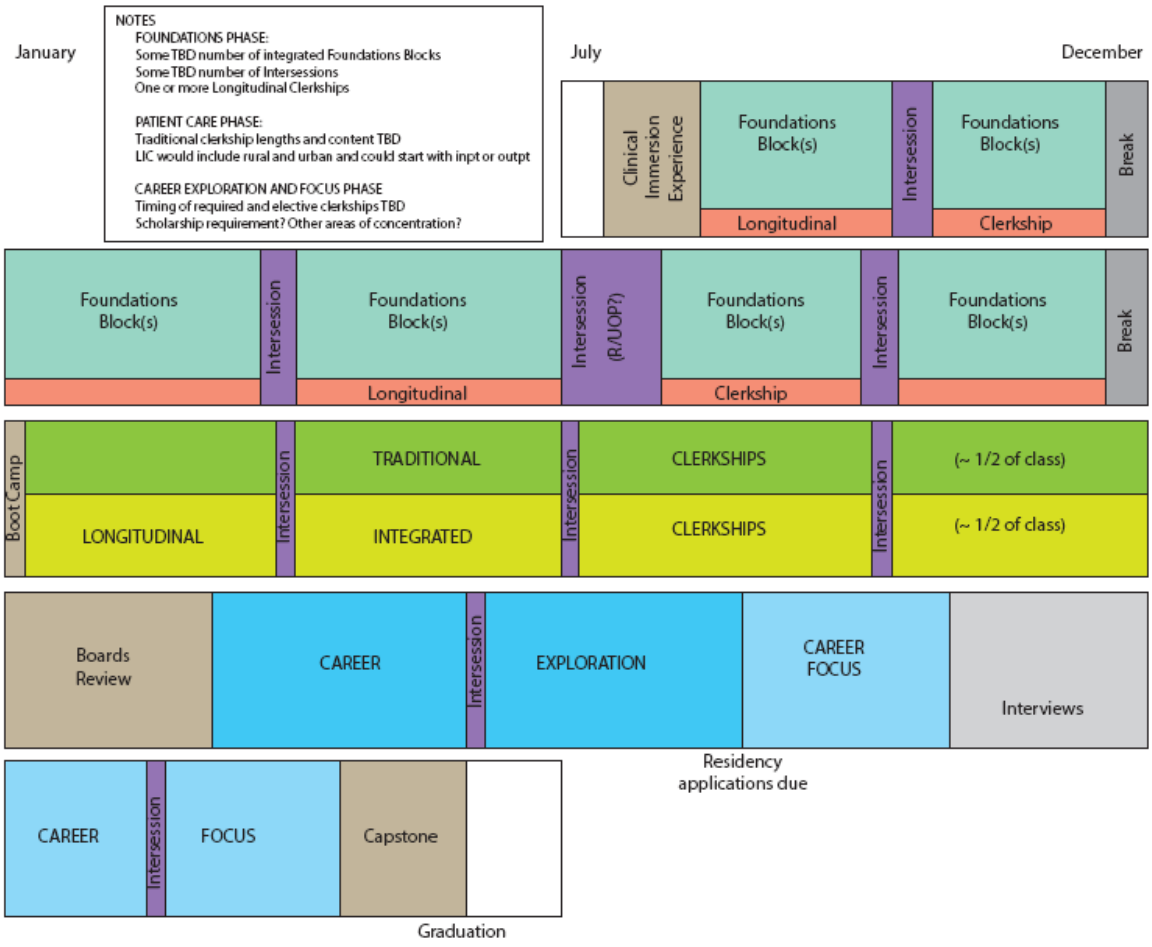
Additional Scheduled Meetings:

- December 9, 1:00, I-264
- December 18, 11:00, D-310
- January 7, 1:00, D-310

APPENDIX

Fabric *of the* University of Washington School of Medicine Curriculum





Outline for Assessment and Program Evaluation Document

1. Values and goals of assessment:
   Assisting students, faculty and administration in assessing progress towards the knowledge, skills, and attitudes necessary for our graduates as they enter residency education
   Providing accurate and fair information for individual and program improvement
2. Assumptions about the curriculum outcomes
   Assessment and program evaluation is aimed at identifying learner outcomes in terms of the competencies and entrustable professional activities needed by our graduates
3. General assessment and evaluation strategies for each of the following:
   Curriculum phases and major learning activities within each phase
   Themes and threads across phases
4. Empowering students, faculty and administrators with assessment and evaluation data

Methods and technology for reporting and interpreting results – analytics and dashboards

5. Policy and procedures needed for assessment and evaluation
6. Resources needed
   Faculty development
   Assessment facilities and technology
   Administrative personnel
   IT development and support
7. Summary